MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14654

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (in this place): 52 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: " "

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural, give location): "

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Blackiston
4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1952

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Jan. 21 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Freburger
14. MOTHER'S MAIDEN NAME: Mary Eliz. Faucett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Irwin S Blackiston - Rock Hall, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis — 36 hrs

332x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, diabetes — years

260x (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — one week

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE: Willard F. Smith (Degree or title) MD — ADDRESS: Rock Hall, Md. — DATE SIGNED: Dec 28, 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 29, 1952 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Maryland

DATE REC'D BY LOCAL REG.: Dec 29/52 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Marvin V. Williams - Chestertown — ADDRESS: Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14655

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen'l.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) (Last) BRYDEN

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: May 25-1877

9. AGE last birthday: 75 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Ashley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Claude Bryden: Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH (ABOUT 20 minutes)

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) CORONARY INSUFFICIENCY (ACUTE)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 19 52, to 12-4, 19 52, that I last saw the deceased alive on 12-4, 19 52, and that death occurred at 9.45 p.m., from the causes and on the date stated above.

SIGNATURE Robert Starr (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 12-4-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Dec. 7	Wesley Chapel	Rock Hall Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 7-1952	Clara L. Barnes	Edgar L. Lane	Church Hill, Md.

RECEIVED
DEC 9 1952
BUREAU V. S.

M

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14656

CERTIFICATE OF DEATH

Reg. Dist. No. 202.

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JEAN (Middle) LOUISE (Last) HARRIS

4. DATE OF DEATH (Month) DEC (Day) 31 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 3, 1942
9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY home & school
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Harris
14. MOTHER'S MAIDEN NAME Louise Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mr. David Harris, Kennedyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
E919.0	Immediate cause	(a) Internal chest injuries	10 minutes
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Shot by 22 caliber Target pistol	"
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Kennedyville (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 31 (Year) 52 (Hour) 8 45 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot by brother with 22 caliber Target pistol.

22. I hereby certify that I ~~attended~~ held an inspection of the deceased ~~from~~ on 12-31-52 ~~10~~ ~~to~~ and that ~~that I last saw~~ the deceased died ~~alive~~ on 12-31, 1952, and that death occurred at 9 05 p.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 12.31.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 4, 1953
NAME OF CEMETERY OR CREMATORY Kennedyville Cemetery
LOCATION (City, town, or county) Kennedyville (State) Md.

DATE REC'D BY LOCAL REG. Jan. 3 - 1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

1

T

RECEIVED
JAN 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14657

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 CROSS ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-RT 3 - CHESTERTOWN
STREET ADDRESS (If rural, give location) BROAD NECK

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) DEC (Day) 25 (Year) 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1873

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER Laberer

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SAMUEL JOHNSON

14. MOTHER'S MAIDEN NAME: FANNIE WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: dont know

17. INFORMANT AND ADDRESS: WIFE - MRS H. JOHNSON RT 3 CHESTERTOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MESENTERIC THROMBOSIS — 1½ HR

570.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from None, 19....., to....., 19....., that I last saw the deceased alive on Not seen before, 19....., and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gilbraden, MD. ADDRESS Chestertown — DATE SIGNED 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF Dec. 29, 1952 — NAME OF CEMETERY OR CREMATORY Broad Neck Cem. — LOCATION (City, town, or county) (State) nr. - Chestertown, Md.

DATE REC'D BY LOCAL REG. Dec. 27-1952 — REGISTRAR'S SIGNATURE Chas L. Barnes

24. FUNERAL DIRECTOR — ADDRESS J. Willis Wells - Chestertown, Md.

RECEIVED
DEC 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14658

CERTIFICATE OF DEATH

Reg. Dist. No. 2102

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN, MD
STREET ADDRESS (If rural, give location) 614 HIGH ST

3. NAME OF DECEASED (Type or Print) (First) ESSIE (Middle) MARY (Last) KULLEY
4. DATE OF DEATH (Month) Dec. (Day) 25 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Dec 3, 1883
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME THOMAS McGINNIS
14. MOTHER'S MAIDEN NAME ELLA LEE START

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. yes
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LYMPHOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH 9 mos

200.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/27, 1952, to 12/25, 1952, that I last saw the deceased alive on 12/25, 1952, and that death occurred at 10 05 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julbrandsen, MD. ADDRESS Chestertown, Md. DATE SIGNED 12/25/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 28, 1952
NAME OF CEMETERY OR CREMATORY Sudlersville Cem.
LOCATION (City, town, or county) (State) Sudlersville, Md.

DATE REC'D BY LOCAL REG. Dec. 27-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY OR TOWN Chestertown; LENGTH OF STAY (In this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Kent; CITY OR TOWN Kent + Queen Anne's Hosp; STREET ADDRESS (If rural, give location) Chestertown.

3. NAME OF DECEASED (Type or Print): (First) ROBIN; (Middle) J; (Last) LOWE

4. DATE OF DEATH: (Month) Dec. 14; (Day); (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Nov 18, 1952

9. AGE last birthday: — yrs. If under 1 year: Months; Days 33. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME L. ROBERT LOWE

14. MOTHER'S MAIDEN NAME DORIS HORNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ATALECTASIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURITY

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 18, 1952, to DEC 14, 1952, that I last saw the deceased alive on DEC 14, 1952, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Fulbrandsen, M.D. ADDRESS Chestertown, Md DATE SIGNED 12/14/52

23. BURIAL, CREMATION / REMOVAL (Specify) BURIAL; DATE THEREOF Dec 16, 1952; NAME OF CEMETERY OR CREMATORY CHESTER CEMETERY; LOCATION (City, town, or county) CHESTERTOWN; (State) Md

DATE REC'D BY LOCAL REG. Dec. 15-1952; REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells; ADDRESS Chestertown, md

20X2292353

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (In this place): 6 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hosp	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Kenneth	Bruce	McHugh	Dec.	8.	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male.	Col.	S.	December 2 1952	yrs.		6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Infant	Kent & Queen Anne Hosp.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Alan McHugh Jr.	Margaret Jean Magruder - Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
- -	- - -	Wm Milan McHugh Jr. - 300 Front St. - Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity (9 weeks premature)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-2, 19 52 to 12-8, 19 52 that I last saw the deceased alive on 12-8, 19 52 and that death occurred at 3:50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.C. Sick	M.D.	Chestertown Md	12-8-52

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 9 1952	St Paul Cemetery	Earleville Kent Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8-1952	Clara S. Barnes	[illegible]	[illegible]

20V2312312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Ann Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 533 W. High St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Cruce (Last) Panetti
4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1952
5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Oct. 4 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME (Late) Emil Reich
14. MOTHER'S MAIDEN NAME (Late) Wilhelmina Hoffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Elsworth Newcomb Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
151X	Immediate cause	(a) Generalized carcinomatosis	4 mos.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	18 mos
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1952, to Dec. 28, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 12-28-52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF Dec. 31, 1952
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Chestertown - Maryland

DATE REC'D BY LOCAL REG. Dec. 29-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR [illegible] ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queene Annne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Jane (Last) Plummer
4. DATE OF DEATH (Month) Dec. (Day) 22 (Year) 1952
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 10, 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Hawkins
14. MOTHER'S MAIDEN NAME Jane Stanton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Anthony Richardson--Price, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cor Pulmonal	5 weeks
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Thrombo Phlebitis [illegible]	[illegible]
	(c)	[illegible]	[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Dec 22, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] Dec 26 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 26
NAME OF CEMETERY OR CREMATORY Centreville
LOCATION (City, town, or county) (State) Centreville, Md.

DATE REC'D BY LOCAL REG. Dec. 26-1952
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

Film 6150, Item #13
1/9/53, mmt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Still Pond md; MARYLAND (In this State) LENGTH OF STAY ~~in this place~~ yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Still Pond md Kent.; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
mary		Potts	12	15	1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	unknown	unknown Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
home	home	Delaware	usa

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Taylor	Peggie Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	no	Bertha Cottman Wilmington, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Unknown but probably heart trouble (arterio sclerotic)	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I viewed the deceased from Dec 11 1952 to Dec 15 1952 on 12/15/52 and that ~~I attended~~ the deceased died ~~alive~~ on 12-15, 19 52, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Kent Farr	M.D.	Chestertown, Md	12/15/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-19-52	Colemans, norton md	Rural Norton md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29/52	E Kennard Jones	B K Fellows	Still Pond md

MARYLAND STATE DEPARTMENT OF HEALTH

14664

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) Viskovitch
4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 22 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Banania (Europe)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Phillip Spaniol
14. MOTHER'S MAIDEN NAME: Johanna Berkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Wm Louis Spaniol 3703 "O" St Balto md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis — Interval Between Onset and Death: Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952, to Dec 30, 1952, that I last saw the deceased alive on Dec 30, 1952 and that death occurred at 11 35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Millard F. Smith MD — Rock Hall — Dec 30, 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 2 1953
NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: Dec. 30-1952
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR: Hearn & Cullinane
ADDRESS: Chester

RECEIVED
JAN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14665

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall, Md; HOSPITAL OR INSTITUTION OR STREET ADDRESS —; MARYLAND; LENGTH OF STAY (in this place) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall, Md.; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) May (Last) Warner

4. DATE OF DEATH: (Month) December (Day) 22 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Feb 29, 1892

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Kendall

14. MOTHER'S MAIDEN NAME: Annie McClain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Husband — Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 36 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, auricular fibrillation — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1952, to Dec 22, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 2 15 p.m., from the causes and on the date stated above.

SIGNATURE Willard F. Smith (Degree or title) MD — ADDRESS Rock Hall, Md. — DATE SIGNED Dec 24, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Dec 26/52 — NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery — LOCATION (City, town, or county) Rock Hall (State) Kent Md

DATE REC'D BY LOCAL REG. Dec 26/52 — REGISTRAR'S SIGNATURE S. Elwood Sawyer

24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md

RECEIVED
JAN 5 19
BUREAU V. S.